



State of California—Health and Human Services Agency  
**Department of Health Services**



SANDRA SHEWRY  
Director

ARNOLD SCHWARZENEGGER  
Governor

December 21, 2004

### **Notice to Prospective Applicants**

You are invited to review and respond to this Request for Application (RFA) Number 05-45001 entitled, "LA Dental Prepaid Health Plan". In submitting your application, you must comply with the instructions found herein.

If a discrepancy occurs between the information appearing in the advertisement placed in the California State Contracts Register and the information herein, the information in this notice and in the RFA shall take precedence.

#### **I. Application Submission Deadline**

Regardless of postmark or method of delivery, the Department of Health Services' (DHS) Office of Medi-Cal Procurement must receive application packages no later than **4:00 p.m. on January 31, 2005** at the location identified in the RFA. Refer to the attached RFA for detailed submission requirements.

#### **II. Voluntary non-binding Letter of Intent**

Prospective Applicants are asked to voluntarily submit a non-binding Letter of Intent. See the RFA for detailed Letter of Intent submission instructions.

The DHS will continue to provide automatic updates about the RFA only to prospective Applicants who have provided a Request for Inclusion on Mailing List form, Attachment 10, in this RFA. This form is due to DHS by 4:00 p.m. on January 13, 2005.

It is incumbent upon any Applicant who has not submitted a Request for Inclusion on Mailing List form, but intends to submit an application, to monitor the website at <http://www.dhs.ca.gov/omcp> for any administrative bulletins and/or RFA addenda updates to the RFA.

An Applicant may also call (916) 255-6032 to request any administrative bulletins and/or RFA addenda updates to the RFA.

#### **III. Funding Limit**

Funding for each state fiscal year is subject to an annual appropriation by the State Legislature or Congress. If full funding does not become available, DHS will cancel the resulting agreement or amend it to reflect reduced funding and reduced activities. Continuation beyond the first state fiscal year is also subject to the contractor's successful performance.

#### **IV. Applicant Questions**

In the opinion of DHS, this Request for Application is complete and without need of explanation. However, if you have questions or need clarifying information, put all inquiries in writing and transit them to DHS according to the instructions in the RFA section entitled, "Applicant Questions."

Thank you for your interest in DHS' service needs.

Sincerely,

Donna Martinez, Chief  
Office of Medi-Cal Procurement

Attachment

# **Request for Application 05-45001**

## **LA Dental Prepaid Health Plan**

**California Department of Health Services  
Office of Medi-Cal Procurement  
MS-4200  
9800 Old Winery Place  
P.O. Box 997413  
Sacramento, CA 95899-7413**

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### Required Attachments

<b>Attachment #</b>	<b>Attachment Name</b>
Attachment 1	Application Cover page
Attachment 2	Required Attachment / Certification Checklist
Attachment 3	Business Information Sheet
Attachment 4	Attestation
Attachment 5	RFA Clause Certification
Attachment 6	CCC 304
Attachment 7	Payee Data Record
Attachment 8	Follow-on Consultant Contract Disclosure
Attachment 9	Voluntary Letter of Intent
Attachment 10	Request for Inclusion on Mailing List
Attachment 11	Beneficiary Non-Discrimination Certification
Attachment 12	Current/Proposed Dental Provider Network for Los Angeles County

### S. Sample Contract Forms / Exhibits

<b>Exhibit</b>	<b>Exhibit Name</b>
Exhibit A1	Standard Contract
Exhibit A	Scope of Work
Exhibit B	Payment Provisions
Exhibit C	General Terms and Conditions
Exhibit D(F)	Special Terms and Conditions-(Federal Funding)
Exhibit E	Additional Terms and Conditions
Exhibit F	Contractor's Release
Exhibit G	Travel Reimbursement
Exhibit H	HIPAA Business Associate Addendum

T. Program Appendices

<b>Appendix #</b>	<b>Appendix Name</b>
Appendix 1	Driving Instructions to the Office of Medi-Cal Procurement
Appendix 2	RFA Glossary

## Purpose, Background and Description of Services

### A.

#### 1. Purpose

The California Department of Health Services (DHS), Medi-Cal Dental Services Branch (MDSB), invites Knox-Keene licensed dental plans (known as Dental Plans or Applicants) to apply for a Dental Prepaid Health Plan (PHP) contract with DHS. This Request for Application (RFA) is a non-competitive procurement designed to identify dental plans with the requisite qualifications and resources to provide dental services to Medi-Cal Beneficiaries who reside in Los Angeles County and enroll in a PHP on a voluntary basis. The Dental Plan will perform the duties outlined in Exhibit A, Scope of Work.

The Dental LA PHP Program has been operational since April 1994, and currently contracts with six Knox-Keene licensed dental plans to provide reasonable and necessary dental services to approximately 168,000 Medi-Cal Beneficiaries in Los Angeles County, in accordance with Title 22, California Code of Regulations (CCR), Section 51059. Three of the current contracts will expire on March 31, 2005, and the other three contracts will expire on April 30, 2005.

This RFA is open to all independent practices, associations, health insurance carriers, private foundations, university medical centers, not-for-profit clinics, and other primary care providers organized and operated as managed care plans, for the provision of managed health care plan services.

The process described within this RFA will require Dental Plans to complete an application to formally submit information and documentation detailed within the RFA, which the DHS will evaluate in contrast with published criteria appearing in this RFA in section L, entitled "Evaluation and Selection". The evaluation process shall consist of a pass/fail assessment.

The DHS shall have final authority and sole discretion to enter into a contract with a Dental Plan or to reject any application submitted by any Dental Plan.

What is a PHP?

In accordance with Welfare and Institutions Code (W&I), §14251, a PHP means any plan that meets all of the following criteria:

- a. Possesses an unrestricted Knox-Keene license.
- b. Meets the requirements for participation in the Medicaid Program on an at risk basis, in accordance with Title XIX of the Social Security Act.
- c. Agrees with the DHS to furnish directly or indirectly dental services to Medi-Cal Beneficiaries on a predetermined periodic rate basis.



The DHS is the single state agency with the authority and responsibility to administer the Medi-Cal Program, which is California's Medicaid Program. This authority and responsibility includes the administration of Medi-Cal dental services, which are those services delivered through dental managed care contracts and the fee-for-service delivery system. In order to fulfill this responsibility, DHS requires contracting Dental Plans to have the qualifications identified in RFA section I, entitled "Qualification Requirements".

## 2. Background

In July 1965, amendments to the Social Security Act, Title XVIII established the Medicare program, and Title XIX established the state-option medical assistance program known as Medicaid. These programs were established to provide federal matching funds to states to implement a single, comprehensive medical care program.

State legislation implementing the Title XIX program was signed in November 1965. Medi-Cal, the California medical assistance Medicaid program, became effective in March 1966. Prior to the start of Medi-Cal, indigent Californians had been provided health care services through a variety of programs administered by the counties. With the advent of Medi-Cal, a wide range of health benefits was provided uniformly to those individuals throughout the State whose income and resources were insufficient to meet the costs of medical services without jeopardizing the person's or family's self-maintenance and security. Medi-Cal is funded primarily by federal and state monies. Generally, the federal government contributes 50% for Medi-Cal services costs related to virtually all Beneficiaries currently covered by the program. With few exceptions, state government contributes the balance. The Medi-Cal program is administered by the State in cooperation with federal and county governments.

From its inception, Medi-Cal has experienced increasing program costs, primarily as a result of spiraling growth in the caseload, utilization of service, and hospital costs. A Medi-Cal Reform Plan (MRP) was enacted by statute in October 1971 (Chapter 577, Statutes of 1971) with the objective of developing an equitable statewide eligibility system, a uniform schedule of benefits for eligible Beneficiaries within a strong system of utilization and quality controls, and an improved system of health care delivery and health care financing for the program.

Modifications to the program are continually occurring because of federal and state legislation, departmental regulations, and other efforts to improve the program. Applicants should be aware that PHP responsibility will include the planned and orderly implementation of the applicable provisions of all state and federal legislation and regulations whenever they may occur within the term of the contract.

## 3. Beneficiary Enrollment

In accordance with W&I Code, §14400-14413, the Dental PHP program shall enroll

only Medi-Cal Beneficiaries who reside in Los Angeles County. Beneficiary enrollment is discussed in greater detail in Exhibit A, Scope of Work, but it is important to note that if an incumbent PHP is awarded a new contract, its members (Medi-Cal Beneficiaries) have several dental care options as follows:

- a. A Beneficiary may continue enrollment in that PHP, or
- b. May enroll in a different PHP, or
- c. May enroll in the Fee-For-Service (FFS) Denti-Cal program

If an incumbent PHP is not awarded a new contract, its members may elect another PHP for enrollment or elect enrollment into the Fee-For-Service Program. A Medi-Cal Beneficiary who does not make a selection will automatically be re-assigned into the Fee-For-Service Program.

## **B. Time Schedule**

Below is the tentative time schedule for this application:

<b>Event</b>	<b>Date</b>	<b>Time (if applicable)</b>
Request for Application Released	12/20/04	
Data Library Opens	12/20/04	
RFA Questions Due	1/05/05	4:00 p.m.
Request for Inclusion on Mailing List Due	1/12/05	4:00 p.m.
Voluntary Letter of Intent Due	1/12/05	4:00 p.m.
Application Due Date	1/28/05	4:00 p.m.
Notices of Intent to Award Posted	2/14/05	
Proposed Start Date of Agreement	4/1/05 or 5/5/05	

## **C. Contract Term**

The term of the resulting agreement is expected to be 27 months for an incumbent (a current PHP provider) with a contract ending on March 31, 2005 and is anticipated to be effective from April 1, 2005 through June 30, 2007.

The term of the resulting agreement is expected to be 26 months for an incumbent with a contract ending on April 30, 2005 and is anticipated to be effective from May 1, 2005 to June 30, 2007.

The term of the resulting agreement is expected to be 26 months for any new PHP and is anticipated to be effective from May 1, 2005 to June 30, 2007.

The agreement term may change if DHS makes an award earlier than expected or if DHS cannot execute the agreement in a timely manner due to unforeseen delays.

The resulting contract will be of no force or effect until it is signed by both parties and approved by the Department of General Services, if required. The Contractor is hereby advised not to commence performance until all approvals have been obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered if all approvals have not been obtained.

#### **D. Applicant Questions**

Please notify DHS immediately if you need clarification about the services sought or have questions about the RFA instructions or requirements. Put your inquiry in writing and transmit it to DHS as instructed below. At its discretion, DHS reserves the right to contact an inquirer to seek clarification of any inquiry received.

Applicants that fail to report a known or suspected problem with the RFA or fail to seek clarification and/or correction of the RFA submit an application at their own risk.

If an inquiry appears to be unique to a single firm or is marked "Confidential", DHS will mail or fax a response only to the inquirer if DHS concurs with the Applicant's claim that the inquiry is sensitive or proprietary in nature. If DHS does not concur, the inquiry will be answered in the manner described herein and the Applicant will be so notified. Inquiries and/or responses that DHS agrees should be held in confidence shall be held in confidence only until the Notice of Intent to award is posted.

To the extent practical, inquiries shall remain as submitted. However, DHS may consolidate and/or paraphrase similar or related inquiries.

##### **1. What to Include in an Inquiry**

- a. Your name, name of Dental Plan, mailing address, area code and telephone number, email address, and fax number.
- b. A description of the subject or issue in question or discrepancy found.
- c. RFA section, subsection, page number or other information useful in identifying a specific problem or issue in question.
- d. Remedy sought, if any.

An Applicant that desires clarification about specific RFA requirements and/or whose inquiry relates to sensitive issues or proprietary aspects of an application may submit individual inquiries that are marked "Confidential."

The Applicant must include with its inquiry an explanation as to why it believes questions marked “Confidential” are sensitive or surround a proprietary issue.

## 2. Question Deadline

Regardless of delivery method, written inquiries must be received at our physical location, 9800 Old Winery Place, Sacramento, California, no later than 4:00 pm (PST) on January 5, 2005.

DHS’ Office of Medi-Cal Procurement (OMCP) will accept questions or inquiries if such inquiries are received prior to the application submission deadline.

## 3. How to Submit Questions

Submit inquiries using one of the following methods:

<b>U.S. Mail, Express U. S. Mail or Overnight U. S. Mail:</b>	<b>Hand Delivery or Overnight Express/Courier:</b>
Questions RFA 05-45001 Nathan Greve Department of Health Services Office of Medi-Cal Procurement MS 4200 P.O. Box 997413 Sacramento, CA 95899-7413	Questions RFA 05-45001 Nathan Greve Department of Health Services Office of Medi-Cal Procurement 9800 Old Winery Place Sacramento, CA 95827  <b>(There is No U. S. Mail service of any type to this address.)</b>
<b>Fax:</b>	
Questions RFA 05-45001 Nathan Greve Department of Health Services Office of Medi-Cal Procurement FACsys: (916) 464-0855 Fax: (916) 255-6126	
<b>Email: <a href="mailto:OMCPRFA3@dhs.ca.gov">OMCPRFA3@dhs.ca.gov</a></b>	

Applicants submitting questions via fax are responsible for confirming the receipt of all faxed materials by the question deadline. Contact OMCP at (916) 255-6032 to confirm faxed transmissions.

## 4. Applicant Warning

DHS’ internal processing of U.S. mail may add up to 48 hours or more to the delivery time. If you mail your time-sensitive correspondence or documents, consider using certified, registered or express mail. Applicants are advised to request a return receipt confirming the delivery date and the time of delivery.

Applicants choosing to hand-deliver time sensitive correspondence or documents should allow sufficient time to locate parking and sign in at the security desk.

For driving and parking instructions to OMCP, see Appendix 1.

#### 5. Verbal Questions

Because verbal questions are easily misinterpreted, Applicants are encouraged to submit all questions in writing. DHS reserves the right not to accept or respond to verbal questions. Spontaneous verbal remarks provided in response to verbal questions are unofficial and are not binding on DHS unless later confirmed in writing.

No inference should be drawn from any question to which DHS does not respond in writing.

### **E. Data Library**

A Data Library for the sole use of Applicants will be established on December 20, 2004. The data library will be accessible by appointment on State working days Monday through Friday from 8:00 a.m. to noon, and 1:00 p.m. to 4:00 p.m. (PST). Access to the Data Library is restricted to authorized Applicants and/or their authorized representatives who have established an advance appointment through the process described below. Applicants must have a complete, signed set of Authorization Documents on file with OMCP. The same person must sign all Authorization Documents.

#### 1. Authorization Documents

Documents required to be on file for access to the Data Library must include:

- a. Data Library Confidentiality Agreement; and
- b. List of Authorized Personnel

#### 2. Location

DHS will maintain the Data Library at the following location:

Office of Medi-Cal Procurement  
9800 Old Winery Place  
Sacramento, CA 95827

For driving and parking instructions, see Appendix 1.

### 3. Appointments

Applicants seeking appointments to access the Data Library must submit their request in writing. The following information must be included in an Applicant's written request for an appointment:

- a. Name of the Dental Plan's representative(s)
- b. Title(s)
- c. Name of the Dental Plan
- d. Telephone number
- e. Fax Number
- f. Email address, if applicable
- g. Desired date of visit
- h. Desired time of visit

OMCP shall promptly respond to requests for appointments and schedule them in a timely fashion.

Send your written request to OMCP via one of the following methods:

<b>U.S. Mail, Express U. S. Mail or Overnight U. S. Mail:</b>	<b>Hand Delivery or Overnight Express/Courier:</b>
Library Appt. RFA 05-45001 Nathan Greve Department of Health Services Office of Medi-Cal Procurement MS 4200 P.O. Box 997413 Sacramento, CA 95899-7413	Library Appt. RFA 05-45001 Nathan Greve Department of Health Services Office of Medi-Cal Procurement 9800 Old Winery Place Sacramento, CA 95827  <b>(There is No U. S. Mail service of any type to this address.)</b>
<b>Fax:</b>	
Data Library RFA 05-45001 Nathan Greve Department of Health Services Office of Medi-Cal Procurement FACsys: (916) 464-0855 Fax: (916) 255-6126	
<b>Email: <a href="mailto:OMCPRFA3@dhs.ca.gov">OMCPRFA3@dhs.ca.gov</a></b>	

(Refer to the Applicant warning in RFA section D.4. regarding mail delivery.)

### 4. Data Library Contents

The Data Library contains various documentation and information that Applicants

may find beneficial in the preparation of their RFA responses. Data Library materials may be periodically updated and additional documents may be added. Applicants that have requested access to the Data Library will be notified of the additions and/or changes in writing.

#### 5. Obtaining Copies of Library Materials

Applicants that wish to obtain reproduced copies of Data Library materials may do so by contacting Nathan Greve at (916) 255-6032.

DHS will assess photocopying fees at a rate of ten cents per page, and/or any applicable fees to cover the cost of reproducing materials to other medium such as floppy disks or CD-ROMs unless supplied by the Applicant. A check or money order made payable to the Department of Health Services is required before materials will be mailed or released.

### **F. Reasonable Accommodations**

For individuals with disabilities, DHS will provide assistive services such as reading or writing assistance, and conversion of the RFA, questions/answers, RFA Addenda, applicable library materials, or other Administrative Notices into Braille, large print, audiocassette or computer disk. To request such services or copies in an alternate format, please call the number below to arrange for reasonable accommodations, in sufficient time to comply with all timelines:

Nathan Greve  
Office of Medi-Cal Procurement  
(916) 255-6032  
(TTY) California Relay telephone number 711-1-800-735-2929

Note: The range of assistive services available may be limited if requestors cannot allow ten or more State working days prior to date the alternate format material is needed.

### **G. “Voluntary” Letters**

#### 1. General Information

Prospective Applicants are asked to voluntarily indicate either their intention to submit an application or to indicate the reason(s) for not submitting an application. Failure to submit a Letter of Intent will not affect the acceptance of any application. The Letter of Intent is not binding and prospective Applicants are not required to submit an application merely because a Letter of Intent is submitted. Use the Voluntary Letter of Intent form (Attachment 9) for this purpose.

## 2. Submitting a Letter of Intent

The voluntary Letter of Intent should be received by 4:00 p.m., January 12, 2005. Submit the Letter of Intent using one of the following methods:

<b>U.S. Mail, Express U. S. Mail or Overnight U. S. Mail:</b>	<b>Hand Delivery or Overnight Express/Courier:</b>
Letter of Intent RFA 05-45001 Nathan Greve Department of Health Services Office of Medi-Cal Procurement MS 4200 P.O. Box 997413 Sacramento, CA 95899-7413	Letter of Intent RFA 05-45001: Nathan Greve Department of Health Services Office of Medi-Cal Procurement 9800 Old Winery Place Sacramento, CA 95827
<b>Fax:</b>	
Letter of Intent RFA 05-45001 Nathan Greve Department of Health Services Office of Medi-Cal Procurement FACsys: (916) 464-0855 Fax: (916) 255-6126	

(Refer to the Applicant warning in RFA section D.4. regarding mail delivery.)

## 3. Request for Inclusion on Mailing List

DHS recognizes that not all entities/persons who received this RFA are interested in continuing to receive updates about the RFA. In addition, printing and mailing updates to all RFA recipients is costly to DHS. Therefore, DHS will continue to provide automatic updates about this RFA only to prospective Applicants who have submitted a Request for Inclusion on Mailing List form (Attachment 10). While DHS will accept a Request for Inclusion on Mailing List form anytime up to the application due date, after January 12, 2005. OMCP will continue to provide updates only to those prospective Applicants for whom a Request for Inclusion on Mailing List form is on file.

It is incumbent upon any Applicant who has not submitted the Request for Inclusion on Mailing List form, but intends to submit an application, to monitor the website at [www.dhs.ca.gov/omcp](http://www.dhs.ca.gov/omcp) for any administrative bulletins, notifications regarding the RFA process, or addenda to the RFA.

Prospective Applicants may also call (916) 255-6032 to request any administrative bulletins, notifications, and/or RFA addenda.

Submit the Request for Inclusion on Mailing List form using one of the following methods:



<b>U.S. Mail, Express U. S. Mail or Overnight U. S. Mail:</b>	<b>Hand Delivery or Overnight Express/Courier:</b>
Mailing List RFA 05-45001 Nathan Greve Department of Health Services Office of Medi-Cal Procurement MS 4200 P.O. Box 997413 Sacramento, CA 95899-7413	Mailing List RFA 05-45001: Nathan Greve Department of Health Services Office of Medi-Cal Procurement 9800 Old Winery Place Sacramento, CA 95827  <b>(There is No U. S. Mail service of any type to this address.)</b>
<b>Fax:</b>	
Mailing List RFA 05-45001 Nathan Greve Department of Health Services Office of Medi-Cal Procurement FACsys: (916) 464-0855 Fax: (916) 255-6126	

(Refer to the Applicant warning in RFA section D.4. regarding mail delivery.)

## **H. Scope of Work**

See Exhibit A, Scope of Work, included in the Exhibits section of this RFA. Exhibit A contains a detailed description of the services and work to be performed as a result of this RFA.

## **I. Qualification Requirements**

Failure to meet or provide the following requirements by the application submission deadline will be grounds for DHS to deem an Applicant nonresponsive. Evaluators may choose not to review or score applications that fail to meet these requirements. In submitting an application, each Applicant must certify and prove that it possesses the following qualification requirements.

1. Have a current Knox-Keene license to operate in Los Angeles County, in accordance with CCR, Title 22, Section 53500 or have a license application pending with the California Department of Managed Health Care (DMHC).

Please note that any approval to contract with DHS under this RFA where a pending Knox-Keene has been used in place of a Knox-Keene license cannot be executed until an unrestricted Knox-Keene license received and verified.

Place evidence of the current Knox-Keene license or a license application with related correspondence in the Appendix section of your application.

2. Applicants shall submit a letter from DMHC demonstrating that the dental plan is financially sound and in good standing with the DMHC. Place this letter in the Appendix section of the application.
3. Applicants must certify on Attachment 2, Required Attachment / Certification Checklist, that they have read and are willing to comply with all proposed terms and conditions addressed in the RFA section entitled, "Contract Terms and Conditions", including the terms appearing in the referenced contract exhibits.
4. Applicants must certify on Attachment 2 that they will comply with all Federal and State Medicaid laws, rules, regulations, policies, and procedures.
5. **[Corporations]** Corporations must certify on Attachment 2 that they are in good standing and qualified to conduct business in California. Place the certification in the Appendix section of the application, if applicable.
6. **[Nonprofit Organizations]** Non-profit organizations must certify on Attachment 2 that they are eligible to claim nonprofit status. Place the certification in the Appendix section of the application, if applicable.
7. Applicants must have a past record of sound business integrity and a history of being responsive to past contractual obligations. Certification must be provided on Attachment 2.
8. Applicants must certify on Attachment 2 that they are financially stable and solvent and have adequate cash reserves to meet all financial obligations while awaiting reimbursement from the State.
9. Applicants must certify on Attachment 2 that they have a current or projected dental provider network in Los Angeles County in place to fulfill the requirements under the proposed contract. Applicants must also complete Attachment 12 entitled "Current or Projected Dental Provider Network in Los Angeles County and include it in the Dental Care Delivery section of your application.
10. Applicants must certify on Attachment 2 that they will sign a separate non-negotiable Administrative Services Agreement (ASA) with DHS that provides for payment by the PHP to DHS for the costs associated with the administrative and regulatory oversight of this contract. See a sample ASA in Appendix 3.
11. The Applicant shall attest to its willingness and ability to provide dental services to Medi-Cal Beneficiaries residing in Los Angeles County by completing Attachment 4, Attestation, and including it in the Forms section of the application.

12. Applicants must certify their application response is not in violation of Public Contract Code (PCC) Section 10365.5 and, if applicable, must identify previous consultant services contracts that are related in any manner to the services, goods, or supplies being acquired in this solicitation. Detailed requirements are outlined in Attachment 8. Attachment 8 must be placed in the Forms section of the application.

PCC Section 10365.5 generally prohibits a person, firm, or subsidiary thereof that has been awarded a consulting services contract from submitting a bid for and/or being awarded an agreement for, the provision of services, procurement of goods or supplies, or any other related action that is required, suggested, or otherwise deemed appropriate in the end product of a consulting services contract.

PCC Section 10365.5 does not apply to any person, firm, or subsidiary thereof that is awarded a subcontract of a consulting services agreement that totals no more than 10 percent of the total monetary value of the consulting services agreement. Consultants and employees of a firm that provides consulting advice under an original consulting contract are not prohibited from providing services as employees of another firm on a follow-on contract, unless the persons are named contracting parties or named parties in a subcontract of the original contract.

PCC Section 10365.5 does not distinguish between intentional, negligent, and/or inadvertent violations. A violation could result in disqualification from bidding, a void contract, and/or imposition of criminal penalties.

13. Applicants must certify that they are willing and able to enroll members regardless of their race, creed, color, religion, age, sex, national origin, sexual orientation, marital status or ancestry; and without reference to preexisting medical conditions other than those specifically excluded from coverage under the contract. The person that is authorized to obligate the Applicant in matters regarding the application or the resulting contract must complete and sign Attachment 11 entitled "Beneficiary Non-Discrimination Certification". This attachment should be placed in the Forms section of the application.

## **J. Application Format and Content Requirements**

### **1. General Instructions**

- a. Each firm or individual may submit only one application.

For the purposes of this paragraph, "firm" includes a parent corporation of a firm and any other subsidiary of that parent corporation. If a firm or individual submits more than one application, DHS will reject all applications submitted by that firm or individual.

A firm or individual proposing to act as a prime contractor may be named as a subcontractor in another Applicant's application. Similarly, more than one

Applicant may use the same subcontractor and/or independent consultants.

- b. Develop applications by following all RFA instructions and/or clarifications issued by DHS in the form of questions and answer notices, clarification notices, Administrative Bulletins or RFA addenda.
- c. Before submitting your application, seek timely written clarification of any requirements or instructions that you believe to be vague, unclear or that you do not fully understand.
- d. In preparing your application response, all narrative portions should be straightforward, detailed and precise. DHS will determine the responsiveness of an application by its quality, not its volume, packaging or colored displays.
- e. Arrange for the timely delivery of your application to the address specified in this RFA. Do not wait until shortly before the deadline to submit your application.

## 2. Format Requirements

- a. Submit one (1) original, one (1) CD-ROM, and five (5) copies or sets of your application.
  - 1) Write "Original" on the original application set.
  - 2) Each application set must be complete with a copy of all required attachments and documentation.
  - 3) Place the CD-ROM with the "Original" application set. The DHS prefers that the application be submitted using Microsoft Word. This allows the DHS to convert the application to a contract easily and more expeditiously than applications submitted in other formats, such as a pdf file.
- b. Format the narrative portions of the application as follows:
  - 1) Use one-inch margins at the top, bottom, and both sides.
  - 2) Use a font size of not less than 11 points.
  - 3) Print pages single-sided on white bond paper.
  - 4) Sequentially paginate the pages in each section. It is not necessary to paginate items in the Forms and Appendix Sections.

- c. Bind each application in a way that enables easy page removal. Loose leaf or three-ring binders are acceptable.
- d. All RFA attachments that require a signature must be signed in ink, preferably in a color other than black.
  - 1) Have a person who is authorized to bind the Applicant sign each RFA attachment that requires a signature. Signature stamps are not acceptable.
  - 2) Place the originally signed attachments in the application marked "Original".
  - 3) The RFA attachments and other documentation placed in the extra application sets may contain photocopied signatures.
- e. Do not mark any portion of your application response, any RFA attachment or other item of required documentation as "Confidential" or "Proprietary". DHS will disregard any language purporting to render all or portions of an application confidential.

### 3. Content Requirements

This section specifies the order and content of each Application. Assemble the materials in the following order:

#### a. Application Cover Page

A person authorized to bind the Applicant must complete and sign the Application Cover Page (Attachment 1). If the Applicant is a corporation, a person authorized by the Board of Directors to sign on behalf of the Board must sign the Application Cover Page.

#### b. Table of Contents

Properly identify each section and the contents therein.

#### c. Applicant Capability Section

Include a brief history of the Dental Plan, including:

- 1) The date the Dental Plan was established, and its business or organizational structure.
- 2) A description of the Applicant's goals that are relevant, closely related, and which compliment this project.

- 3) Demonstration that the Applicant has a history of committing resources, expertise, and energy to perform this type of work.

d. Dental Care Delivery System Section

1) Overview

- a) DHS is interested in applications that provide well-organized, comprehensive and technically sound business solutions. Vague explanations will undermine your firm's credibility and may result in a "Fail" score.
- b) If the nature of a task or function hinders specific delineation of in-depth methods and procedures (e.g., a task is dependent upon a future action or multiple approaches may be used), explain the probable methods, approaches or procedures that you will use to accomplish the task or function. Also, describe, in this instance, how you will propose the ultimate strategies and detailed plans to DHS for full consideration and approval before you proceed to carry out the project.

2) Rejection of Tasks, Activities or Functions

If full funding does not become available, is reduced, or DHS determines that it does not need all of the services described in this RFA, DHS reserves the right to offer an amended contract for reduced services.

3) Required Application Information

The Applicant shall provide a description of the scope and availability of its proposed or existing (please indicate which) dental care delivery system to be provided under the proposed contract. Include information concerning the following:

- a) The scope and availability of dental services to be provided under the proposed contract, which shall be in accordance with Title 22, CCR, Section 51059 and Title 22, CCR, Section 51307.
- b) Complete Attachment 12, entitled "Current/Proposed Dental Provider Network for Los Angeles County" and place it in this section of your application. Provide the following information on this attachment:
  - i. The **existing** number of primary care dentists in Los Angeles County. Provide the **existing ratio** of primary care dentists to the prepaid patient population in Los Angeles County. The prepaid patient population is defined as the number of

Medi-Cal Beneficiaries who currently are or are anticipated to be members of the Applicant's PHP dental plan in Los Angeles County.

- ii. The **proposed** number of primary care dentists in Los Angeles County. Provide the **proposed ratio** of primary care dentists to the prepaid patient population in Los Angeles County.
  - iii. The **existing** number of contracted dental specialists in Los Angeles County. Provide the **existing ratio** of dental specialists to the prepaid patient population in Los Angeles County.
  - iv. The **proposed** number of contracted dental specialists within the Los Angeles County service area. Provide the **proposed** ratio of dental specialists to the prepaid patient population in Los Angeles County.
- c) Location and description of all service sites and dental offices, with information about the services available at each location.
  - d) A description of the availability of dental services in emergency situations.
  - e) A description of any preventive dental care programs that are planned or currently offered, including outreach efforts directed at children.
  - f) A description of the Dental Plan's process for handling and recording dental records.
  - g) A description of the proposed or existing system or process to:
    - i. Set the standards for acceptable dental care.
    - ii. Evaluate the quality of dental care provided.
    - iii. Provide procedures for the establishment and continuous professional review of the standards for acceptable dental care.
    - iv. Review the performance of medical personnel.
    - v. Review the effectiveness of controls on utilization and cost of services.

- h) A delineation of the zip codes of proposed and/or existing (indicate which) contract service areas and the location of targeted Medi-Cal Beneficiary population within the Los Angeles County service area.
- i) A description of proposed marketing efforts, with realistic enrollment and marketing cost projections, for Medi-Cal Beneficiaries in Los Angeles County.
- j) Copies of all proposed or existing subcontracts related to securing health care services, administrative and management services or any other services necessary to fulfill its contractual obligations. Place copies of all proposed or existing subcontracts in the Appendix section of your application.
- k) For any primary care or dental specialist not currently under contract but who will provide services in the event of an award, please provide a copy of a Letter of Intent to Contract signed by the primary care dentist, dental specialist or practice that is willing to provide dental services to Medi-Cal Beneficiaries in Los Angeles County. The Letter of Intent must be signed by the provider, acknowledging that they are being named as a provider, are availability to work on this project, and acknowledgment that they have read or been made aware of the proposed contract term, conditions and exhibits. Place copies of all Letters of Intent in the Appendix section of your application.
- l) A description for the proposed or existing system for promptly reimbursing non-plan providers for emergency services rendered to members.
- m) A description of the proposed or existing procedures by which grievances submitted by members are promptly processed and resolved.
- n) A description of the processes to insure that linguist issues in providing dental care are addressed. Please include in your presentation a discussion as to why this approach is effective in providing effective communication between the Beneficiary and the health care provider.
- o) Information regarding Internal Quality Assurance Program or Quality Improvement Program that, at a minimum, addresses each of the following:



- i. The utilization control requirement consistent with the Code of Federal Regulations (CFR) Title 42, §434.34.
- ii. A review by appropriate health professionals of the process followed in providing dental services.
- iii. Systematic data collection of provider performance and patient results.
- iv. Interpretation of this data to the providing dentists.
- v. A provision for making needed changes.

e. Project Personnel Section

- 1) The Applicant shall describe its proposed or existing administrative structure including:
  - a) The functions and responsibilities of all principals, policymakers, administrators, dental directors and other executive officers.
  - b) An organization chart and functional description of each organizational unit.
- 2) A list of all principals, policymakers, executive officers, providers of dental care services and other key personnel, including the following information:
  - a) Full name.
  - c) Business address.
  - d) Internal Revenue Service employer number, when applicable.
  - e) License number, medical specialty and Medi-Cal provider number, when applicable.

f. Facilities and Resources Section

Describe the following as it relates to your capacity to perform the scope of work:

- 1) Current office facilities at your disposal including the full address of any location where any substantial portion of the work will be performed and the number of staff available to work on the contract.

- 2) Current support services and office equipment capabilities immediately available and/or accessible for use in carrying out the work described in this RFA and referenced statute. Include:
  - a) A description of the range and/or type of support services available and number of staff.
  - b) Teleconferencing or telecommunications capabilities.
  - c) Computer hardware and system capabilities (i.e., number, type, size, age, capacity and speed of personal computers or work stations and servers; Local Area Network capabilities; Wide Area Network capabilities; data transfer capabilities (disk or tape); data storage capacity, video/graphics capabilities, etc.);
  - d) Use of software applications (word processing applications, spreadsheet applications, data base applications, unique or other specialized software applications, etc.) that are compatible with DHS, including Microsoft Word and Excel (2000 or newer versions of each).

g. Financial Stability Section

- 1) Submit a letter from DMHC demonstrating that the Applicant is financially sound and in good standing with the DMHC. Place this letter in the Appendix section of the application.

For Applicants with pending applications for a Knox-Keene license. As the issuance of an unrestricted Knox-Keene license is prima facie evidence of DMHC financial acceptance, this requirement suspended pending the issuance of an unrestricted Knox-Keene license.

- 2) Submit the Applicant's audited financial statements, as prepared by a certified public accountant, for the most recently completed fiscal year. DHS recognizes for audited statements to meet the requirements of Generally Accepted Accounting Principles (GAAP) they may not have been prepared in a manner that follows the definition of affiliates as defined by CCR §53102. To address this issue, DHS will recognize audited statements prepared in accordance with GAAP as meeting the combined presentation of requirement for affiliates. CCR, Title 22, §53102 defines an affiliate as "an organization or person that, directly or indirectly through one or more intermediaries, controls, or is controlled by or is under common control with, a Plan and that provides services to or received services from a Plan."

The submitted statements should include:

- a) Annual Income Statement(s).
  - b) Annual Balance Sheet.
  - c) Statement of Cash Flow or Uses of Cash Statement.
  - d) Retain Earning Statement or Statement of Equity.
  - e) Any accompanying notes or statements and a copy of the opinion letter for the annual audit reports provided.
- 3) A copy of any quarterly reports, audited or unaudited, prepared after the last annual report.
  - 4) If dependent on an affiliate to provide service under this Application, include the budgets of those affiliates in the financial disclosures provided.
  - 5) A Projected Tangible Net Equity calculation.
  - 6) A detailed cash flow budget, including all written assumptions, estimates and projections, demonstrating the availability and sources of funds to meet the obligations under the contract, for the prospective contract period. Supporting budgets for such affiliates must be provided when the contractor relies upon affiliates to provide services under the contract.
  - 7) If any material change in the Applicant's financial position has occurred between the creation of the financial statements and submission of this Application, those changes must be identified and explained in detail.
  - 8) A statement, signed by the Applicant's Chief Financial Officer, certifying that the financial statements submitted with the Application are accurate, complete with no material errors or omissions, and representative of the financial position of the Applicant, as of the submission date.
  - 9) A listing of all subcontracts between the Dental Plan and affiliates .
  - 10) Proof of adequate professional liability insurance coverage.

h. Forms Section

Complete, sign and include the forms/attachments listed below. When completing the attachments, follow the instructions in this section and any

instructions appearing on the attachment. After completing and signing the applicable attachments, assemble them in the order shown below.

Note:

Attachment 1, entitled “Applicant Cover Sheet” is to be placed at the front of the application.

Attachments 9 and 10, “Voluntary Letter of Intent” and “Request for Inclusion on Mailing List”, respectively, are to be submitted in accordance with the directions in RFA section G, entitled “Voluntary Letters”.

Attachment 12 entitled “Current / Projected Dental Provider Network”, is to be placed in the Dental Care Delivery System section of your application in accordance with RFA section J.3.d.3)b).

<b>Attachment</b>	<b>Instructions</b>
2. Required Attachment / Certification Checklist	1) Check each item with “Yes”, “No”, or “N/A”, as applicable, and sign the form. If necessary, explain your responses. 2) If an Applicant marks “Yes”, “No”, or “N/A” and makes any notation on the checklist and/or attaches an explanation to the checklist to clarify their choice, DHS considers this a “qualified response”. Any “qualified response” determined by DHS to be unsatisfactory or insufficient to meet a requirement, may cause an application to be deemed non-responsive.
3. Business Information Sheet	Completion of the form is self-explanatory.
4. Attestation	Completion of the form is self-explanatory.
5. RFA Clause Certification	Complete and sign this form indicating your willingness and ability to comply with the contract certification clauses appearing in the RFA section entitled “Certification Clauses”.
6. CCC 304 Certification	Complete and sign this form indicating your willingness and ability to comply with the Contractor Certification Clauses appearing in this Attachment. The attachment supplied in this RFA represents only a portion of the contractor information in this document. Visit this web site to view the entire document:

	<a href="http://www.ols.dgs.ca.gov/Standard+Language/default.htm">www.ols.dgs.ca.gov/Standard+Language/default.htm</a> .
7. Payee Data Record	Complete and return this form, only if you have not previously entered a contract with DHS. If uncertain, complete and return the form.
8. Follow-on Consultant Contract Disclosure	Complete and sign this form. If applicable, attach to this form the appropriate disclosure information.
11. Beneficiary Non-Discrimination Clause	Completion of this form is self-explanatory.

i. Appendix Section

Place the following documentation in the Appendix section of your Application in the order shown below:

1) Knox-Keene License

A copy of Applicant's current Knox Keene license indicating the ability to operate in Los Angeles County, in accordance with CCR, Title 22, Section 53500.

Or

If a license application is pending with the California Department of Managed Health Care (DMHC), include related correspondence showing a pending license application. Please note that no contract may be issued to a contractor without a current Knox-Keene license.

2) A Letter from DMHC

Applicants shall submit a letter from DMHC demonstrating that the dental plan is financially sound and in good standing with the DMHC.

For Applicants with a pending applications to DMHC for a Knox-Keene license, the related correspondence showing a license application is pending, as provided in section J,3,i,1 above is deemed to provide a letter in good standing and being financial sound pending DMHC approval and issuance of a Knox-Keene license.

3) Proof of Corporate Status (if applicable)

If the Applicant is a Corporation, submit a copy of your firm's most current Certificate of Status issued by State of California, Office of the

Secretary of State or submit a downloaded copy of your firm's on-line status information from the California Business Portal website of California's Office of the Secretary of State. Submit an explanation if you cannot submit this documentation. Unless otherwise specified, do not submit copies of your firm's Bylaws or Articles of Incorporation.

4) Proof of Nonprofit Status (if applicable)

Nonprofit organizations must prove they are legally eligible to claim "nonprofit" and/or tax-exempt status by submitting a copy of an IRS determination letter indicating nonprofit or 501 (3)(c) tax-exempt status. Submit an explanation if you cannot supply this documentation.

5) Subcontracts

Copies of all proposed or existing subcontracts related to securing health care services, administrative and management services or any other services necessary to fulfill its contractual obligations.

6) Letters of Intent

A copy of each Letter of Intent signed by any primary care dentist or dental specialist who is not currently under contract with the Applicant to provide dental services to Medi-Cal Beneficiaries in Los Angeles County, indicating his or her agreement to work on this project. The Letter of Intent must be signed by the provider, acknowledging that he or she is being named as a provider, his or her availability to work on this project, and acknowledgment that they have read or been made aware of the proposed contract term, conditions and exhibits.

**K. Application Submission**

1. General Instructions

- a. Assemble an original, five (5) copies, and one (1) CD-ROM of your application together. Place the application set marked "Original" on top, followed by the five (5) extra copies.
- b. Place all application copies in a single package, if possible. Seal the package.

If you submit more than one package, carefully label each on as instructed below and mark on the outside of each package, " 1 of X", "2 of X", etc.

- c. Mail or arrange for hand delivery of your application to the DHS Office of Medi-Cal Procurement. Applications may not be transmitted electronically by fax or email.

- d. OMCP must receive your application at our physical location, 9800 Old Winery Place, Sacramento, California, regardless of postmark or method of delivery, by 4:00 p.m. (PST) January 28, 2005. Late applications will not be reviewed or scored.
- e. Label and submit your application using one of the following methods:

<b>U.S. Mail, Express U. S. Mail or Overnight U. S. Mail:</b>	<b>Hand Delivery or Overnight Express/Courier:</b>
Application for RFA 05-45001 Nathan Greve Department of Health Services Office of Medi-Cal Procurement MS 4200 P.O. Box 997413 Sacramento, CA 95899-7413	Application for RFA 05-45001: Nathan Greve Department of Health Services Office of Medi-Cal Procurement 9800 Old Winery Place Sacramento, CA 95827  <b>(There is No U. S. Mail service of any type to this address.)</b>

(Refer to the Applicant warning in RFA section D.4 regarding delivery of mail.)

## 2. Proof of Timely Receipt

DHS staff will log and attach a date/time stamped slip or bid receipt to each application received. If an application is hand delivered, DHS staff will provide a receipt to the hand carrier upon request.

## 3. Applicant Costs

Applicants are responsible for all costs of developing and submitting an application. These costs cannot be charged to DHS.

## L. Evaluation and Selection

Evaluation and Selection will consist of two stages as detailed below. The evaluation process will be used to review and/or score applications. DHS will reject any application that is found to be nonresponsive at any stage of evaluation. An evaluation committee will be used during the evaluation and selection process. The evaluation committee is comprised of four groups:

- The **Preliminary Review Committee (PRC)** consists of team leads from the OMCP and the MDSB and conducts Stage 1 review.

- The **Evaluation Scoring Committee (ESC)** consists of the MDSB staff and DHS staff working in other areas of the Medi-Cal Program. The ESC is responsible for the review of the applications.
  - The **Rating Review Committee (RRC)** consists of OMCP management staff and members of the PRC. The RRC will interact with the ESC throughout the evaluation process.
  - The **Executive Review Committee (ERC)** consists of DHS management officials. The ERC may, at the members' discretion, review evaluation and selection processes and recommended scores for each application throughout the procurement process. This review is to assure all appropriate procedures and processes have been followed. Additionally, the ERC may seek independent review or advice from individuals within DHS or elsewhere regarding evaluation policy matters, application deficiencies, and acceptability.
1. Stage 1 – Reviewing the Required Attachment/Certification Checklist, Attachment 2 (Pass/Fail)
    - a. Shortly after the application submission deadline, the PRC will convene to review each application for timeliness, completeness and initial responsiveness to the RFA requirements. This is a pass/fail evaluation. Applications must meet the format requirements and qualification requirements, and contain the required application sections, attachments, and appendices.
    - b. In this review stage, the PRC will compare the contents of each application to the claims made by the Applicant on the Required Attachment/Certification Checklist, Attachment 2, to determine if the Applicant's claims are accurate.
    - c. If deemed necessary, the PRC may collect additional documentation (i.e., missing forms, missing data from the application attachments, missing signatures, etc.) from an Applicant to confirm the claims made on the Required Attachment/Certification Checklist, and to ensure that the application is initially responsive to the RFA requirements. It is incumbent upon the Applicant to ensure that all required forms, data, information, etc. are complete, correct, and signed (if required) when the application is submitted. The Applicant must explain any item they have marked with a "No" or "N/A" response.
    - d. If an Applicant's claims on the Required Attachment/Certification cannot be proven or substantiated, the application may, at DHS' sole discretion, be deemed non-responsive and rejected from further consideration.
    - e. An Applicant that receives a "Fail" score in Stage 1 will not advance to Stage 2.



## 2. Stage 2 – Scoring the Application (Pass/Fail)

- a. Applications that meet the basic format requirements, initial qualification requirements and contain the required documentation as evidenced by receiving a “Pass” score in Stage 1, will be submitted to the ESC for further evaluation.
- b. The ESC will individually and/or as a team review and evaluate applications, based on the applicant’s adequacy, thoroughness, and the degree to which they comply with the RFA requirements.
- c. Because this is not a competitive bid process, Stage 2 evaluation questions will be scored on a Pass/Fail basis. Failure to pass any question may cause DHS to deem the application nonresponsive and reject the application.
- d. The ESC will use the following definitions of “Pass” and “Fail” for each question:

Score	Interpretation	General basis for assignment
<b>Pass</b>	<b>Adequate</b>	The RFA response (i.e., content and/or explanation offered) meets or exceeds DHS’ needs/requirements or expectations. The omission(s), flaw(s), or defect(s), if any, are inconsequential and acceptable.
<b>Fail</b>	<b>Inadequate</b>	The RFA response (i.e., content and/or explanation offered) does not meet DHS’ needs/requirements or expectations. The omission(s), flaw(s), or defect(s) are significant and unacceptable.

- e. Following the completion of the Stage 2 evaluation, the RRC will review the scores for all Applicants.

## M. Application Rating Factors

Evaluators will use the following criteria to score the Stage 2 or narrative portion of each application.

Evaluation Questions		Pass	Fail
1.	Has the Applicant demonstrated that, by contract execution date, it can/will provide dental services to eligible Medi-Cal Beneficiaries in accordance with		

Evaluation Questions		Pass	Fail
	Title 22, CCR, Chapter 3, Article 2, § 51307?		
2.	Has the Applicant established a Quality Assurance/Quality Improvement and appropriateness of care and services delivered to its members, in accordance with CFR, Title 42, §434.34?		
3.	Has the Applicant provided a description of the system used to ensure that reasonable and necessary dental services are delivered to its members, in accordance with Title 22, CCR, §51307?		
4.	Has the Applicant provided a description of its existing or proposed procedures through which member grievances will be?		

## **N. Application Requirements and Information**

### **1. Nonresponsive Applications**

In addition to any condition previously indicated in this RFA, the following occurrences may cause DHS to deem an application nonresponsive.

#### **a. Failure of an Applicant to:**

- 1) Meet the application format/content or submission requirements including, but not limited to, the sealing, labeling, packaging and/or timely and proper delivery of an application.
- 2) Pass the Required Attachment/Certification Checklist review (i.e., by not marking “Yes” to applicable items or by not appropriately justifying, to DHS’ satisfaction, all “N/A” or “No” designations).

#### **b. If an Applicant submits an application that is conditional, materially incomplete or contains material defects, alterations or irregularities of any kind.**

- c. If an Applicant supplies false, inaccurate or misleading information or falsely certifies compliance on any RFA attachment.
- d. If DHS discovers, at any stage of the application or upon contract award that the Applicant is unwilling or unable to comply with the contract terms, conditions and exhibits cited in this RFA or that resulting contract.
- e. If other irregularities occur in an application that are not specifically addressed herein (i.e., the Applicant places any conditions on performance of the work detailed in this RFA and referenced statute, submits a counter offer to the RFA, etc.).

## 2. Application Modifications After Submission

- a. All applications are to be complete when submitted. However, an entire application may be withdrawn and the Applicant may resubmit a new application, if resubmission occurs before of the submission deadline.
- b. To withdraw and/or resubmit a new application, follow the instructions appearing in the RFA section entitled, "Withdrawal and/or Resubmission of Applications."

## 3. Application Mistakes

If prior to contract award, award confirmation, or contract signing, an Applicant discovers a mistake in their Application that renders the Applicant unable or unwilling to perform all scope of work services as described in its application response, the applicant must immediately notify DHS and submit a written request to withdraw its application. Withdrawal instructions appear below.

## 4. Withdrawal and/or resubmission of applications

### a. Withdrawal Deadlines

An Applicant may withdraw an application at any time before the application submission deadline.

With the consent of DHS, an application may be withdrawn after the application submission deadline. An application withdrawn after the submission deadline may not be resubmitted or replaced by a newly submitted application.

### b. Submitting a Withdrawal Request

- 1) Submit a written withdrawal request, signed by an authorized representative of the Applicant.

2) Label and submit the withdrawal request using one of the following methods:

<b>U.S. Mail, Express U. S. Mail or Overnight U. S. Mail:</b>	<b>Hand Delivery or Overnight Express/Courier:</b>
Withdrawal RFA 05-45001 Nathan Greve Department of Health Services Office of Medi-Cal Procurement MS 4200 P.O. Box 997413 Sacramento, CA 95899-7413	Withdrawal RFA 05-45001 Nathan Greve Department of Health Services Office of Medi-Cal Procurement 9800 Old Winery Place Sacramento, CA 95827  <b>(There is No U. S. Mail service of any type to this address.)</b>
<b>Fax:</b>	
Withdrawal RFA 05-45001 Nathan Greve Department of Health Services Office of Medi-Cal Procurement FACsys: (916) 464-0855 Fax: (916) 255-6126	

3) **[For faxed withdrawal requests]** Applicants must call (916) 255-6032 to confirm receipt of a faxed withdrawal request. Follow-up the faxed request by mailing or delivering the signed original withdrawal request within 24 hours after submitting a faxed request.

An originally signed withdrawal request is generally required before DHS will return an application to an Applicant. DHS may grant an exception if the Applicant informs DHS that a new or replacement application will immediately follow the withdrawal.

c. Resubmitting an Application

After withdrawing an application, Applicants may resubmit a new application according to the application submission instructions. The replacement application must be received at the stated place of delivery by the application due date and time.

5. Contract Award and Appeals

a. Contract Award

1) Award of contracts, if awarded, will be to responsive and responsible Applicants who have earned a "Pass" score during each stage of the evaluation process.

- 2) DHS expects to post the Notices of Intent to Award before the close of business on Date. The Notices of Intent to Award will be available for viewing by the public during normal business hours at the following location:

Department of Health Services  
Office of Medi-Cal Procurement  
9800 Old Winery Place, Lobby Guard Station  
Sacramento, CA 95827

- 3) DHS will mail or fax a written notification and/or a copy of the Notices of Intent to Award to all Applicants that submitted an application.

b. Appeals

- 1) Who Can Appeal

- 2) Any failing Applicant who submits a timely application may file an appeal if the Applicant believes its application is responsive to all RFA requirements.

- 3) Grounds for Appeal

Appeals are limited to the grounds that DHS failed to correctly apply the standards for reviewing an application in accordance with this RFA.

- 4) Appeal Content

An Applicant's appeal must be in writing and include a full and complete appeal statement identifying the specific grounds for the appeal. The statement must contain in detail, the reasons, law, rule, regulation or practice that the appellant believes DHS has improperly applied in failing the Applicant.

- 5) Appeal Submission

- a) Written appeals must be submitted and received at our physical location, 9800 Old Winery Place, Sacramento, California, within seven (7) working days from the date DHS posted the Notices of Intent to Award.

- b) Submit the Written Appeal to:

<b>U.S. Mail, Express U. S. Mail or Overnight U. S. Mail:</b>	<b>Hand Delivery or Overnight Express/Courier:</b>
Appeal to RFA 05-45001 Donna Martinez Dept. of Health Services Office of Medi-Cal Procurement MS 4200 P.O. Box 997413 Sacramento, CA 95899-7413	Appeal to RFA 05-45001 Donna Martinez Dept. of Health Services Office of Medi-Cal Procurement 9800 Old Winery Place Sacramento, CA 95827
<b>Fax:</b>	
Appeal to RFA 05-45001 Donna Martinez Department of Health Services Office of Medi-Cal Procurement FACsys: (916) 464-0855 Fax: (916) 255-6126	

(Refer to the Applicant warning regarding mail delivery in RFA section D.4.)

Please call Donna Martinez at (916) 255-6032 to confirm receipt of your faxed transmission.

#### 6) Appeal Response

Only timely and complete appeals that comply with the instructions herein may be considered. At its sole discretion, DHS reserves the right to collect additional facts or information to aid in the resolution of any appeal. The Office of Medi-Cal Procurement reserves the right to submit briefs in response to any appeal brought by an applicant and to participate in any oral hearing called by a Hearing Officer.

A Hearing Officer to be appointed by the Director or her designee shall review each timely and complete appeal and may resolve the appeal by either considering the contents of the written appeal letter or, at his/her discretion, by holding an oral appeal hearing. The Hearing Officer may request additional information or further clarification of an issue at his/her discretion. The appeal hearing will be informal, in which the appellant makes an oral presentation describing the basis of its appeal, and the authority for the appeal, followed by questions if any, from the Hearing Officer. The awardee and the Office of Medi-Cal Procurement may also make an oral presentation followed by questions, if any, from the Hearing Officer.

The decision of the Hearing Officer shall be final and there will be no further administrative appeal.

Appellants will be notified of the decisions regarding their appeal in writing within fifteen (15) working days of receipt of the written appeal letter, or such later period as the Hearing Officer may deem appropriate.

As this is a non-competitive bid without limitations on the number contracts that may be issued, no appeal will stop or delay DHS from entering into a contract with any successful Applicant.

## 6. Disposition of Applications

- a. All materials submitted in response to this RFA will become the property of the Department of Health Services and, as such, are subject to the Public Records Act (GC Section 6250, et seq.). DHS will disregard any language purporting to render all or portions of any application confidential.
- b. Upon posting of the Notices of Intent to Award, all documents submitted in response to this RFA and all documents used in the selection process (e.g., review checklists, scoring sheets, voluntary Letters of Intent, etc.) will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public. However, application contents, Applicant correspondence, selection working papers, or any other medium shall be held in the strictest confidence until the Notices of Intent to Award are posted.
- c. DHS may return a failing application to an Applicant at its request and expense six (6) months after DHS concludes the application evaluation process.

## 7. Inspecting or Obtaining Copies of Applications

- a. Who can inspect or copy application materials

Any person or member of the public can inspect or obtain copies of application materials.

- b. What can be Inspected/Copied and When

On or after DHS issues the Notices of Intent to Award, all applications, Applicants list, voluntary Letters of Intent, checklists and/or scoring/evaluation sheets become public records. These records shall be available for review, inspection and copying during normal business hours.

## c. Inspecting or Obtaining Copies of Application Materials

Persons wishing to view or inspect any application or evaluation-related materials must identify the items they wish to inspect and must make an inspection appointment by contacting Nathan Greve at (916) 255-6032.

Persons wishing to obtain copies of application materials may visit DHS or mail a written request to the DHS office identified below. The requestor must identify the items they wish to have copied. Materials will not be released from State premises for the purposes of making copies.

Unless waived by DHS, a check covering copying and/or mailing costs must accompany the request. Copying costs, when applicable, are charged at a rate of ten cents per page. DHS will fulfill all copy requests as promptly as possible. Submit copy requests as follows:

<b>U.S. Mail, Express U. S. Mail or Overnight U. S. Mail:</b>	<b>Hand Delivery or Overnight Express/Courier:</b>
Request for Copies RFA 05-45001 Nathan Greve Department of Health Services Office of Medi-Cal Procurement MS 4200 P.O. Box 997413, Sacramento, CA 95899-7413	Request for Copies RFA 05-45001 Nathan Greve Department of Health Services Office of Medi-Cal Procurement 9800 Old Winery Place Sacramento, CA 95827  <b>(There is No U. S. Mail service of any type to this address.)</b>

(Refer to the Applicant warning regarding mail delivery in RFA section D.4.)

## 8. Verification of Applicant Information

By submitting an application, Applicants agree to authorize DHS to:

- Check any reference identified by an Applicant, if applicable, or other resources known by the State to confirm the Applicant's business integrity and history of providing effective, efficient and timely services.
- Verify any and all claims made by the Applicant including, but not limited to verification of provider agreements, licensing and the possession of any other qualification requirements.

## 9. DHS Rights

In addition to the rights discussed elsewhere in this RFA, DHS reserves the



following rights:

a. RFA Corrections

- 1) DHS reserves the right to do any of the following up to the application submission deadline:
  - a) Modify any date or deadline appearing in this RFA or the RFA Time Schedule.
  - b) Issue clarification notices, addenda, alternate RFA instructions, forms, etc.
  - c) Waive any RFA requirement or instruction for all Applicants if DHS determines that the requirement or instruction was unnecessary, erroneous or unreasonable. If deemed necessary by DHS, DHS may also waive any RFA requirement or instruction after the application submission deadline.
  - d) Allow Applicants to submit questions about any RFA change, correction or addenda. If DHS allows such questions, specific instructions will appear in the cover letter accompanying the document.
- 2) If this RFA is clarified, corrected, or modified DHS will mail, fax or email a clarification notice and/or RFA addenda to all Applicants who submitted the Request for Inclusion on the Mailing List form by the deadline stated in the RFA section entitled "Time Schedule". This information may also be obtained by accessing the OMCP website at [www.dhs.ca.gov/omcp](http://www.dhs.ca.gov/omcp).
- 3) If DHS decides, just before or on the application due date, to extend the submission deadline, DHS may choose to notify potential Applicants of the extension by fax or by telephone. DHS will follow up any verbal notice in writing, by fax, or by email.

b. Collecting Information from Applicants

- 1) If deemed necessary, DHS may request an Applicant to submit additional documentation during or after the application review and evaluation process. DHS will advise the Applicants orally, by fax or in writing, of the documentation that is required and the time line for submitting the documentation. DHS will follow-up oral instructions in writing by fax or mail. Failure to submit the required documentation by the date and time indicated may cause DHS to deem an application non-responsive.

- 2) DHS, at its sole discretion, reserves the right to collect, by mail, fax or other methods, the following omitted documentation and/or additional information:
    - a) Signed copies of any form submitted without a signature.
    - b) Data or documentation omitted from any submitted application attachment/form.
    - c) Information/material needed to clarify or confirm certifications or claims made by an Applicant.
    - d) Information/material needed to correct or remedy an immaterial defect in an application.
  - 3) The collection of Applicant documentation may cause DHS to extend the date for issuing the Notices of Intent to Award to Applicants. If DHS changes the issuance date, DHS will advise the Applicants, orally or in writing, of the alternate date.
- c. Immaterial Application Defects
- 1) DHS may waive any immaterial defect in any application and allow the Applicant to remedy those defects. DHS reserves the right to use its best judgment to determine what constitutes an immaterial deviation or defect.
  - 2) DHS' waiver of an immaterial defect in an application shall in no way modify this RFA or excuse an Applicant from full compliance with all application requirements.
- d. Correction of Clerical or Mathematical Errors
- DHS reserves the right, at its sole discretion, to overlook, correct or require an Applicant to remedy any obvious clerical or mathematical errors occurring in the application.
- e. Right to remedy errors
- DHS Reserves the Right to Remedy Errors Caused by:
- 1) DHS office equipment malfunctions or negligence by agency staff,
  - 2) Natural disasters (i.e., floods, fires, earthquakes, etc.),
  - 3) Any other catastrophic event beyond the control of DHS.

f. No Contract Award or RFA Cancellation

The issuance of this RFA does not constitute a commitment by DHS to award a contract. DHS reserves the right to reject any or all applications and to cancel this RFA if it is in the best interests of the State to do so.

g. Contract Amendments After Award

DHS reserves the right to amend the contract after DHS makes a contract award.

h. Proposed Use of Subcontractors and/or Independent Consultants

Specific subcontract relationships proposed in response to this RFA (i.e., identification of pre-identified subcontractors and independent consultants) shall not be changed during the application process or prior to contract execution. The pre-identification of a subcontractor or independent consultant does not affect DHS' right to approve personnel or staffing selections or changes made after the contract award.

i. Staffing Changes after Contract Award

DHS reserves the right to approve or disapprove changes in key personnel that occur after application approval.

**O. Certification Clauses**

1. Debarment and Suspension Certification

a. The Contractor certifies, to the best of its knowledge and belief, that it and its principals:

- 1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;
- 2) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- 3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the

offenses enumerated in paragraph a.2) of this certification; and

- 4) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
  - 5) It shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction, unless authorized by the State.
  - 6) It will include a clause entitled "Debarment and Suspension Certification" that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- b. If the Contractor is unable to certify to any of the statements in this certification, the Contractor shall submit an explanation to the program funding this contract.

## 2. Lobbying Restrictions and Disclosure

- a. The Contractor certifies, to the best of its knowledge and belief, that:
- 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Contractor, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
  - 2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Contractor shall complete and submit federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
  - 3) The Contractor shall require that the contents of this certification be collected from the recipients of all subawards, exceeding \$100,000, at all tiers (including subcontracts, subgrants, etc.) and shall be maintained for three years following final payment/settlement of those agreements.

- b. This certification is a material representation of fact upon which reliance was placed when this contract was made and/or entered into. The making of the above certification is a prerequisite for making or entering into this contract pursuant to 31 U.S.C. 1352 (45 CFR 93). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
- c. The Standard Form-LLL may be obtained from various federal agencies, federally sponsored World Wide Web Internet sites, DHS upon request or may be copied from Exhibit D(F) entitled, Special Terms and Conditions.

**P. Preference Programs**

Preference program adjustments do not apply to this RFA.

**Q. Contract Terms and Conditions**

Each winning Applicant must enter a written contract that may contain portions of the Applicant's application (i.e., Dental Care Delivery System, Facilities and Resources, etc.), standard contract provisions, the contract form, and the exhibits identified below. Other exhibits, not identified herein, may also appear in the resulting contract.

The exhibits identified in this section contain contract terms that require strict adherence to various laws and contracting policies. DHS will not accept alterations to the General Terms and Conditions (GTC), DHS' Special Terms and Conditions, the Scope of Work, other exhibit terms/conditions, or alternate language that is proposed or submitted by a prospective Contractor. An Applicant's unwillingness or inability to agree to the proposed terms and conditions shown below or contained in any exhibit identified in this RFA may cause DHS to deem an Applicant non-responsible and ineligible for an award. DHS reserves the right to use the latest version of any form or exhibit listed below in the resulting agreement if a newer version is available.

The exhibits identified below illustrate many of the terms and conditions that may appear in the final agreement between DHS and each winning Applicant. Other terms and conditions, not specified in the exhibits identified below, may also appear in the resulting agreement. Some terms and conditions are conditional and may only appear in an agreement if certain conditions exist (i.e., contract total exceeds a certain amount, federal funding is used, etc.).

## 1. Sample contract forms/exhibits

<u>Exhibit Label</u>	<u>Exhibit Name</u>
Exhibit A-1	Standard Agreement (1 page)
Exhibit A	Scope of Work (X pages)
Exhibit B	Payment Provisions (X pages)
Exhibit C – View on-line.	General Terms and Conditions (GTC 304). View or download this exhibit at this Internet site <a href="http://www.ols.dgs.ca.gov/Standard+Language/default.htm">http://www.ols.dgs.ca.gov/Standard+Language/default.htm</a>
Exhibit D(F)	Special Terms and Conditions (26 pages)
Exhibit E	Additional Provisions (X pages)
Exhibit F	Contractor's Release (1 page)
Exhibit G	Travel Reimbursement Information (2 pages)
Exhibit H	HIPAA Business Associate Addendum (7 pages)

## 2. Unanticipated tasks

In the event unanticipated or additional work must be performed that is not identified in this RFA, but in DHS' opinion is necessary to successfully accomplish the scope of work, DHS will initiate a contract amendment to add that work. [All terms and conditions appearing in the final contract including the capitation rates will apply to any additional work.](#)

## 3. Resolution of language conflicts (RFA vs. Final Agreement)

If an inconsistency or conflict arises between the terms and conditions appearing in the final agreement and the proposed terms and conditions appearing in this RFA, any inconsistency or conflict will be resolved by giving precedence to the final agreement.